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RR:	YOUR REFERENCE NUMBER:
U.S.S.N. 10/759,892	U.S.S.N. 10/759,892

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Mary Aldritt  
Serial No.: 10/759,892  
Filed: January 16, 2004  
Title: EFFERVESCENT COMPOSITION INCLUDING CRANBERRY  
EXTRACT

Art Unit: 1655  
Examiner: Coe

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PTO/SB/21 (09-04)

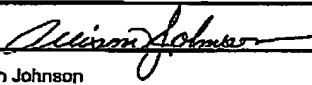
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10759,892
	Filing Date	January 16, 2004
	First Named Inventor	Mary Aldritt
	Art Unit	1655
	Examiner Name	Susan Coe
	Attorney Docket Number	208-022US1
Total Number of Pages in This Submission		11

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Allison Johnson, P.A.	
Signature		
Printed name	Allison Johnson	
Date	July 11, 2006	Reg. No. 36,173

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JUL 11 2006

Docket No.:208-022US1

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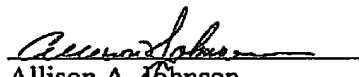
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The Commissioner is further authorized to charge any additional fees or credit any overpayment to Deposit Account No. 501,171.

Respectfully submitted,

Date: July 11, 2006

  
Allison A. Johnson  
Reg. No. 36,173

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